



Asbestos Abatement Project
Quarterly Report Form
Bureau of Air Quality - Asbestos Section
2600 Bull Street, Columbia SC 29201

1. Company Name: _____ 5. Group License Number: _____
2. Facility Name: _____ 6. Company Official: _____
3. Mailing Address: _____ 7. Title: _____

(City) (State) (Zipcode) 8. Telephone Number: _____
4. Street Address: _____ 9. In-house Contractor: _____

(City) (State) (Zipcode)

10. Calendar Quarter (choose one):

| | | | |
|-----|-----|-----|-----|
| 1st | 2nd | 3rd | 4th |
|-----|-----|-----|-----|

| Removal Date(s) (MM/DD/YYYY) | Location | Type of ACM (TSI, Surfacing, etc.) | Amount of ACM | | | Condition (Friable Nonfriable) |
|---------------------------------|----------|---------------------------------------|---------------|----|----|-----------------------------------|
| | | | LF | SF | CF | |
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|---------------|---------------------------------|--|--|--|
| Total Fee Due | Total Amount of Friable ACM: | | | |
| | Total Amount of Nonfriable ACM: | | | |

Temporary Waste Storage Location: _____

Waste Disposal Site: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____

I certify that the RACM notified in this report was abated by properly trained and licensed personnel, in accordance with applicable Federal and State regulations. I certify that the above information is correct.

Signature: _____ Date: _____
(MM/DD/YYYY)

